

—RESTRICTED—

INDEXED



VOL III-NO 3

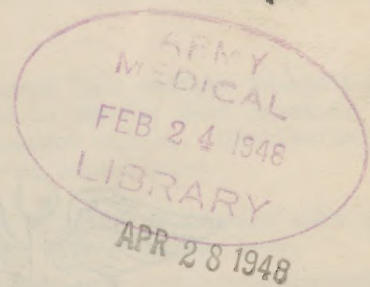
SURGEON'S CIRCULAR LETTER



1 MAR 1948

*4.1
10. etc.*

• IWO JIMA



• PHILIPPINE
ISLAND

TINIAN • SAIPAN
• GUAM

MED SEC GHQ FEC

—RESTRICTED—



4/30/48

RESTRICTED

GENERAL HEADQUARTERS
FAR EAST COMMAND
MEDICAL SECTION

SURGEON'S CIRCULAR LETTER)
:
NUMBER. 3)

APO 500
1 March 1948

PART I

ADMINISTRATIVE

<u>SUBJECT</u>	<u>SECTION</u>
Organization of the Medical Section.	I
Excess Medical Journals and Texts.	II
Residency Training For Medical Corps Officers.	III
Appointment of Commissioned Officers in Medical and Dental Corps, Regular Army	IV
Army Medical Department Graduate Professional Educational Program.	V
Change 1, TB Med 84, Treatment Program for Psychiatric Patients in Station and General Hospitals	VI
Initial Distribution of Medical Film PMF 5069.	VII
Medical Professional Journals.	VIII
Recent Department of the Army and FEC Publications	IX
Index.	Page 20

I. Organization of the Medical Section

There were no changes in commissioned personnel currently assigned or attached to the Medical Section during the period covered by this publication.

II. Excess Medical Journals and Texts

The Public Health and Welfare Section has announced that medical journals and texts are urgently needed for use in local medical schools in the Far East Command. It is suggested that organizational files be screened for unwanted copies. Submission of personal copies that are no longer desired by officers would be appreciated.

Officers and units of the Medical Department are invited to forward such medical publications to the Medical Section, GHQ, FEC, APO 500, United States Army.

III. Residency Training for Medical Corps Officers

The Surgeon General announced recently that the following residencies in zone of interior General Hospitals were being reserved for medical officers who apply for Regular Army appointment: cardiology, tuberculosis, dermatology and syphilology, internal medicine, pediatrics, anesthesiology, ophthalmology, otolaryngology, orthopedics, urology, pathology, psychiatry and neurology, radiology, physical medicine and thoracic surgery.

The above residencies begin 1 July 1948 and officers selected for attendance will be returned to the United States prior to that time regardless of the amount of overseas service they have completed.

Subsequent information has been received to the effect that officers who apply for Regular Army appointment in order to receive residency training will not be processed for Regular Army appointment unless the residency they desire can be assured them.

The Surgeon General assures that all persons selected for residency training will remain in such training for a minimum of one year. Additional training will be determined on a competitive basis. This policy permits the applicant himself to determine the amount of training he will receive above the initial year.

IV. Appointment of Commissioned Officers in Medical and Dental Corps, Regular Army

Public Laws 365 and 381, 80th Congress, provide authority under which Medical and Dental Corps officers may apply for appointment in the Regular Army. An appointment can be made for qualified officers in the grades of 1st Lieutenant up to and including the grade of Colonel, depending upon the age and professional attainment of the applicant. Maximum age limitation is 48 years.

Officers who elect to apply will at the earliest possible date appear before an Evaluating Board composed of senior Medical and Dental Corps officers for evaluation and recommendation of the board and necessary administrative processing, including physical examination. These proceedings are then forwarded to Department of the Army for review and final action as to acceptance or non-acceptance of the applicant.

Medical and Dental Corps officers are no longer required to enter competitive tours for Regular Army appointment nor to volunteer for additional periods of service in order to apply.

Complete details reference the above are contained in Department of the Army Circular 51, 1947. Interested officers should consult their immediate commanding officers for necessary application blanks.

V. Army Medical Department Graduate Professional Educational Program

Major General Raymond W. Bliss, Surgeon General of the Army, recently announced adoption of a number of changes in the Army Medical Department graduate professional education program for the coming year based on a thorough study of nine months operation of the program and surveys made by nine teams of civilian medical experts.

The innovations, effective immediately, are designed to maintain the quality of patient care and to elevate the caliber of training at Army general hospitals. As announced by General Bliss, the major changes are as follows:

Graduate training in psychiatry is being strengthened and concentrated in three general hospitals - Letterman (San Francisco), Fitzsimons (Denver) and Walter Reed (Washington, D. C.). This plan will afford each resident more individual instruction.

Many qualified civilian consultants will be added to the attending staffs of the hospitals which are engaged in teaching. These will be distributed among the various special fields of medicine and surgery in which the Army is training residents and interns.

The administrative responsibilities of qualified teachers will be lessened by the transfer of routine paper work to administrative assistants assigned from the Medical Service Corps. This will allow the professional instructors to devote the major portion of their time to teaching and to the care of patients.

Qualified instructor personnel will be kept on duty in their present assignments for as long as possible. When it becomes necessary to move them, they will be placed in such locations as to enable them to teach so that maximum utilization can be made of their experience and ability.

Special instruction in the best methods of medical education is being provided for key military instructor personnel by means of short courses at selected civilian medical teaching institutions.

The number of conferences at which attendance by all residents and interns is required is being reduced. Where possible, these will be held at such times as will not interfere with bedside teaching. Likewise the administrative duties of student officers are being reduced to the bare minimum consistent with excellent care of patients under their supervision.

More adequate means of resident-intern selection, and evaluation of progress, are being placed in operation. Personal interviews will receive special emphasis. Individual evaluations will be made of student officers by the civilian instructors as well as by the regularly assigned chiefs of services and sections at the teaching hospitals.

The actual content of the program of instruction for each special field will be developed in more detail. Portions of the program will be delegated to the military or civilian instructor who is best qualified in each particular phase, so that accurate and complete coverage will be obtained within the residency span.

Finally, the present obstacles in the organization of interns and residents into the accepted pyramidal system are being overcome, so that the student officers may be given increased responsibility in care of patients, teaching and the supervision of others, as they progress from one year of training to the next.

Improvements are a part of a continuing effort to place Army teaching hospitals on an equal plane with the best civilian teaching hospitals. As such, they will contribute much to the Army Medical Department's broad program of making service in its various Corps more attractive to the individual from the professional point of view.

Internists, surgeons and psychiatrists who surveyed nine Army general hospitals - each three-doctor team spending three to five days at a hospital - found that what they saw of the professional training compares favorably, for the most part, with the quality of residency training given at civilian teaching centers with which they are familiar.

At present 204 Regular Army Medical Corps officers are participating in the post-graduate instruction program as residents in the various recognized special fields of medicine and surgery. The objective of each is certification as a diplomate by one of the 16 American Specialty Boards in the field of medicine and surgery.

In addition, 50 positions will be made available on January 1, 1948, to applicants for the Regular Army who are now in the continental United States and 50 more will be offered to applicants who are overseas, effective July 1, 1948. The Office of The Surgeon General will furnish further information to doctors who are interested.

Favorable response to the opportunities for professional advancement that the Medical Department's new program affords is shown by the picture regarding Army internships. Already this year there have been 334 applications for 168 spaces divided among Brooke, Letterman, Fitzsimons, Walter Reed and Oliver General Hospitals. Senior medical students applied from 55 Class A medical schools. This compares with the total of 55 applications received last year, of which 21 candidates were accepted.

Of the 106 applicants who have been approved thus far for internships beginning July 1, 1948, 13 had a scholastic standing among the first 10 of their class. These men represent the following medical schools: Emory, Ohio State, Iowa, Pennsylvania, Jefferson, Tennessee, Nebraska, George Washington, Minnesota and Indiana.

Thirty others stood in the first third of their respective classes and 58 were in the middle third, scholastically.

The hundreds of Army doctors who will receive internship and residency training this year and next, with some of the Nation's leading specialists as their instructors, as well as war-seasoned military medical personnel, constitute a group separate and distinct from others receiving special courses in civilian hospitals and schools.

General Bliss revealed that during the 27 months preceding October of this year, 872 Army Medical Department officers benefited by special courses. These ranged in length from a few weeks to several months and encompassed most of the medical and surgical specialties, as well as such allied fields as sanitary engineering, dietetics, nursing and education.

VI. Change 1, TB MED 84. Treatment Program for Psychiatric Patients in Station and General Hospitals

TB MED 84, 20 February 1947, is changed by TB MED 84, Change 1, dated 25 November 1947. It is advisable that each hospital have a copy of this publication in their library. If copies have not been made available through distribution, appropriate steps should be taken for their procurement.

VII. Initial Distribution of Medical Film PMF 5069

Initial distribution of Professional Medical Film 5069, Simple Anterior Closure of Transverse Colostomy, (running time, 23 minutes, 3-16 mm print, color) is being made available to installations in the Far East Command. Distribution of film is made in accordance with recommendations from the Office of The Surgeon General for showings to interested medical personnel.

VIII. Medical Professional Journals

The board for review of books and periodicals annually determines the allowances of Medical Department professional journals for various size installations overseas. A list of authorized journals is contained in this article.

The non-receipt of authorized journals should be reported to the Army Navy Medical Procurement Officer, 84 Sands Street, Brooklyn 1, New York. Inasmuch as the Army Navy Medical Procurement Officer will notify the ports of embarkation of subscriptions placed for overseas commands, notice of non-receipt should be forwarded through the appropriate major command headquarters to the San Francisco Port of Embarkation.

	NUMBERED GEN HOSP	HOSP 500- 1000 BEDS	HOSP 250- 499 BEDS	HOSP 25- 249 BEDS	MED GEN LABS	GEN DISP	HQ OVERSEAS COMDS	HQ AIR COMDS
American Heart Journal	X	X	X			X		
American Journal of Cancer	X	X	X	X				
American Journal of Clinical Pathology					X			
American Journal of Diseases of Children	X	X	X	X		X	X	X
American Journal of Hygiene	X	X	X	X	X		X	X
American Journal of the Medical Sciences	X	X	X	X	X	X	X	X
American Journal of Medicine	X	X	X					
American Journal of Nursing	X	X	X	X		X	X	X

RESTRICTED

	NUMBERED GEN HOSP	HOSP 500- 1000 BEDS	HOSP 250- 499 BEDS	HOSP 25- 249 BEDS	MED GEN LABS	GEN DISP	HQ OVERSEAS COMDS	HQ AIR COMDS
American Journal of Obstetrics and Gynecology	X	X	X	X				
American Journal of Occupational Therapy	X	X	X	X				
American Journal of Ophthalmology	X	X	X	X				
American Journal of Orthodontics	X							
American Journal of Oral Surgery	X	X	X	X		X	X	X
American Journal of Orthopsychiatry	X	X	X					
American Journal of Pathology					X			
American Journal of Physiology	X							
American Journal of Psychiatry	X	X	X					
American Journal of Psychology	X							
American Journal of Public Health	X	X	X		X		X	X
American Journal of Roentgenology and Radium Therapy	X	X	X					
American Journal of Surgery	X	X	X	X		X	X	X
American Journal of Syphilis, Gonorrhea and Venereal Disease	X	X	X	X		X	X	X
American Journal of Tropical Medicine	X	X	X		X			
American Review of Tuberculosis	X	X	X					
Anesthesia and Analgesia	X	X	X					
Anesthesiology	X	X	X					
Annals of Allergy	X							
Annals of Internal Medicine	X	X	X	X		X	X	X
Annals of Otology, Rhinology and Laryngology	X	X	X	X		X	X	X
Annals of Rheumatic Diseases	X							
Annals of Surgery	X	X	X	X		X	X	X
Annals of Tropical Medicine and Parasitology	X				X			
Annual Review of Physiology	X							
Archives of Dermatology and Syph- ilology	X							X
Archives of Internal Medicine	X	X	X				X	X
Archives of Neurology and Psych- iatry	X	X	X					
Archives of Ophthalmology	X	X	X	X		X		
Archives of Otolaryngology	X	X	X	X		X		
Archives of Pathology	X	X	X		X			
Archives of Pediatrics	X					X		
Archives of Physical Medicine	X	X	X					
Archives of Surgery	X	X	X					
Biological Abstracts					X			
Blood - The Journal of Hematology	X				X			
Brain	X							
British Heart Journal	X							
British Journal of Experimental Pathology	X				X			
British Journal of Radiology	X							
British Journal of Surgery	X							
British Journal of Urology	X							
British Medical Journal	X	X	X					
Bulletin of Hygiene					X			
Bulletin of the Johns Hopkins Hospital	X	X	X					
Bulletin of National Research Council	X							

RESTRICTED

		HOSP 500- 1000	HOSP 250- 499	HOSP 25- 249	MED GEN LABS	GEN DISP	HQ OVERSEAS COMDS	HQ AIR COMDS
	NUMBERED GEN HOSP	BEDS	BEDS	BEDS				
Bulletin of New York Academy of Medicine	X							
Canadian Journal of Research	X							
Canadian Medical Association Journal	X							
Cancer Research	X							
Chemical Abstracts					X			
Current List of Medical Literature	X	X	X	X	X	X	X	X
Dental Digest	X	X	X	X		X	X	X
Dental Items of Interest	X	X	X	X		X	X	X
Dentistry - A Digest of Practice	X	X	X	X		X	X	X
Diseases of The Chest	X	X	X					
Endocrinology	X	X	X					
Experimental Medicine and Surgery	X							
Gastroenterology	X							
Geriatrics	X							
Diagnostic Roentgenology - Golden	X	X	X			X		
Hospital Management	X						X	X
Hospital Progress	X						X	X
Hospitals	X						X	X
Hygeia	X	X	X	X		X	X	X
Industrial Medicine	X						X	X
Journal of Abnormal and Social Psychology	X	X	X					
Journal of American Association of Nurse Anesthetists	X	X	X	X				
Journal of American Association of Psychiatric Social Workers	X							
Journal of American Dental Association	X	X	X	X		X		
Journal of American Dietetic Association	X	X	X					
Journal of American Medical Association	X	X	X	X	X	X	X	X
Journal of American Pharmaceutical Association - Practical	X							
Journal of American Pharmaceutical Association - Scientific	X							
Journal of American Water Works Association					X			
Journal of Anatomy	X							
Journal of Applied Psychology	X							
Journal of Aviation Medicine	X						X	X
Journal of Bacteriology					X			
Journal of Biological Chemistry					X			
Journal of Bone and Joint Surgery	X	X	X	X				
Journal of Clinical Endocrinology	X							
Journal of Clinical Investigation	X	X	X					
Journal of Clinical Psychology	X							
Journal of Clinical Psychopathology	X							
Journal of Consulting Psychology	X							
Journal of Experimental Medicine	X				X			
Journal of Experimental Psychology	X							
Journal of Health and Physical Education	X	X	X					

RESTRICTED

	NUMBERED	HOSP 500- 1000 GEN BEDS	HOSP 250- 499 BEDS	HOSP 25- 249 BEDS	MED GEN LABS	GEN DISP	HQ OVERSEAS COMDS	HQ AIR COMDS
Journal of Immunology	X				X			
Journal of Infectious Diseases	X				X	X		
Journal of Laboratory and Clinical Medicine	X	X	X	X	X			
Journal of Laryngology and Otology	X	X	X	X		X		
Journal of Mental Science	X				X			
Journal of National Malaria Society	X				X			
Journal of Nervous and Mental Disease	X	X	X	X				
Journal of Neurology, Neuro- surgery and Psychiatry	X							
Journal of Neuropathology and Experimental Neurology	X							
Journal of Neurophysiology	X							
Journal of Neurosurgery	X							
Journal of Nutrition	X							
Journal of Oral Surgery	X	X	X	X		X	X	X
Journal of Parasitology	X				X			
Journal of Pathology and Bacteriology	X	X	X		X			
Journal of Pediatrics	X	X	X	X		X	X	
Journal of Pharmacology and Experimental Therapeutics	X							
Journal of Physiology	X							
Journal of Social Case Work	X							
Journal of Speech Disorders	X							
Journal of Thoracic Surgery	X	X						
Journal of Tropical Medicine and Hygiene	X							
Journal of Urology	X	X	X	X		X		
Medical Clinics of North America	X	X					X	X
Mental Hygiene	X	X	X	X				
Mid-Monthly Survey	X							
Military Surgeon	X	X	X	X	X	X	X	X
Modern Hospital	X	X	X	X			X	X
National Tuberculosis Associa- tion Transaction	X							
New England Journal of Medicine	X	X						
Occupational Medicine	X	X	X					
Occupational Therapy and Re- habilitation	X	X	X					
Oral Hygiene	X	X	X	X		X	X	X
Parasitology	X	X	X	X	X			
Physiotherapy Review	X	X	X	X				
Proceedings of National Academy of Sciences	X							
Proceedings of Society for Ex- perimental Biology and Medicine					X			
Psychiatric Aid	X	X	X					
Psychiatric Quarterly	X	X	X					
Psychiatry	X	X	X					
Psychoanalytic Quarterly	X	X	X					
Psychosomatic Medicine	X	X	X					
Public Health Nursing	X	X	X	X		X	X	X
Quarterly Review of Psychiatry and Neurology	X	X	X					

RESTRICTED

	NUMBERED	HOSP 500- 1000 GEN BEDS	HOSP 250- 499 BEDS	HOSP 25- 249 BEDS	MED GEN LABS	GEN DISP	HQ OVERSEAS COMDS	HQ AIR COMDS
Research Quarterly					X			
Review of Applied Entomology, Series B, Medical and Veterinary Science	X				X			
Southern Medical Journal	X	X	X	X	X			
Sewage Works Journal					X			
Surgery	X	X	X	X		X	X	X
Surgery, Gynecology and Obstetrics	X	X	X	X		X	X	X
Surgical Clinics of North America	X	X					X	X
Trained Nurse and Hospital Review	X	X	X	X			X	X
Tropical Diseases Bulletin	X				X			
U.S. Naval Medical Bulletin	X	X	X	X	X	X	X	X
Venereal Disease Information	X	X	X	X	X	X	X	X

JOURNALS AND PERIODICALS FOR VETERINARY USE	ARMY & AAF HQ	STA - ANL & FOOD INSP	STA FOOD INSP	DEPOTS- GEN DIST & QM	PORTS	HQ OVERSEAS COMD	MED GEN LABS	MIL MISS & GOVTS
American Butter Review	X	X	X	X	X	X		
American Egg and Poultry Review	X	X	X	X	X	X		
American Journal of Public Health	X	X	X	X	X	X		X
American Journal of Veterinary Research	X					X	X	X
American Milk Review	X			X		X		X
Biological Abstracts, Section C. Microbiology, Immunology and Parasitology							X	X
Biological Abstracts, Section F. Animal Production and Veterin- ary Science	X						X	X
Biological Abstracts, Section G. Food and Nutrition Research	X					X	X	
Canning Trade Almanac	X	X	X	X	X	X	X	
Commerical Fisheries Review	X			X	X	X		
Cornell Veterinarian	X	X				X		X
Dairy Record	X			X		X		
Food Industries	X	X	X	X	X	X	X	X
Food Research	X			X		X	X	X
Frosted Food Fields	X			X		X		
Frozen Fish Report	X					X		
Ice Cream Field	X					X		
Ice and Refrigeration	X			X	X	X		
Journal of American Veterinary Medical Association	X	X	X	X	X	X	X	X
Journal of Bacteriology	X							X
Journal of Dairy Science	X	X	X	X	X	X	X	X
Journal of Experimental Medicine								X
Journal of Milk and Food Tech- nology	X	X	X	X	X	X		X
Journal of The Association of Official Agricultural Chemists							X	
Meat	X					X		
Michigan State College Veter- inarian	X					X		X
Milk Plant Monthly	X	X	X	X	X	X	X	

	ARMY & AAF HQ	STA - ANL & FOOD INSP	STA FOOD INSP	DEPOTS- GEN. DIST & QM	PORTS	HQ OVERSEAS COMD	MED GEN LABS	MIL MISS & GOVTS
National Butter and Cheese Journal	X			X		X		
National Provisioner	X	X	X	X	X	X	X	
North American Veterinarian	X	X				X	X	X
Pacific Fisherman	X					X		
Proceedings of the Society for Experimental Biology and Medicine								X
Public Health Report	X					X		X
Quartermaster Review	X					X		
Quick Frozen Foods Science	X					X		X
U.S. Egg and Poultry Magazine	X	X	X	X	X	X	X	
Veterinary Medicine	X	X	X	X	X	X		X

In the past numerous installations and activities have requested additional journals or changes in the authorized list, and have forwarded such requests direct to the Surgeon General's Office. It is highly desirable that such requests be forwarded through the appropriate major command headquarters and General Headquarters, Far East Command.

Recommendations have been forwarded to the Surgeon General's Office for the issuance of journals to medical installations that are not provided for in the above list and additional journals for certain of the units listed above. Upon receipt of approval, appropriate notice will be published in the Surgeon's Circular Letter.

IX. Recent Department of the Army and FEC Publications

AR 30-2500, DA, 18 Nov 47, Quartermaster Corps - Nutriculture Gardening in Overseas Areas.

AR 40-2090, C-4, DA, 16 Dec 47, Medical Department - Communicable Diseases of Animals.

AR 40-100, C-4, DA, 20 Nov 47, Medical Department - Miscellaneous Physical Examinations.

AR 40-520, DA, 2 Dec 47, Medical Department - Central Dental Laboratories.

AR 600-550, C-1, DA, 9 Dec 47, Personnel - Deceased.

AR 600-550, C-2, DA, 26 Dec 47, Personnel - Deceased.

CIR 47, DA, 17 Nov 47, Sec IV, Hospital Funds and Reports.

CIR 49, DA, 18 Nov 47, Sec VI, TM 12-237 Changed (Preparation of Separation Qualification Record).

CIR 53, DA, 24 Nov 47, Security Classification Regraded.

CIR 57, DA, 28 Nov 47, Sec VI, Rescission (Sec 1, Cir 226, WD 1946, Rescinded, Clinical Pathologic Conference Reports).

CIR 58, DA, 1 Dec 47, Sec 1, AR 40-210 Changed (Communicable Diseases).

CIR 61, DA, 4 Dec 47, Sec IV, Medical Equipment (For Medical Corps ROTC Units).

CIR 62, DA, 8 Dec 47, Sec VI, SB 38-7 Regulated Items List (Changed).

CIR 67, DA, 11 Dec 47, Sec 1, AR 600-35 (Medical Service Corps Insignia); Sec II, AR 600-37 (Women's Medical Specialist Corps Insignia); Sec III, AR 600-37 (Certification of Immunization).

CIR 68, DA, 12 Dec 47, Sec III, Assignment of Hospital Patients (WD Cir 238, 1947, amended); Sec VII, Non-Appropriated Funds.

CIR 72, DA, 18 Dec 47, Sec VII, Examinations. American Board of Internal Medicine.

CIR 75, DA, 22 Dec 47, Annual Physical Examinations of Army Officers for 1948.

CIR 76, DA, 22 Dec 47, Sec I, AR 40-1025 (Outpatient Medical Records, Changed).

G.O. 15, DA, 17 Nov 47, Sec III, ROTC Unit (Medical ROTC Unit Established).

G.O. 22, DA, 5 Dec 47, Recommended Lists for Promotion to General Officer Grades, Pars lc, d, e, f, & g.

DA Memo 40-1085-1, C-1, 14 Nov 47, Disposition of Exposed X-Ray Films.

DA Memo 305-15-10, C-2, 8 Dec 47, List of Recurring Reports Authorized for Preparation.

TM 5-632, DA, 7 Oct 47, Insect and Rodent Control, Repairs and Utilities (Supersedes TM 5-632, Oct 45; TB MED 144, 7 Apr 45 and TB MED 194, 17 Aug 45).

TB MED 159, C-1, 21 Nov 47, Amebiasis.

TB MED 84, C-1, 25 Nov 47, Treatment Program for Psychiatric Patients in Station and General Hospitals.

T/A 20-2, C-2, DA, 10 Oct 47, Equipment for Training Purposes.

T/A 8-1, C-3, DA, 23 Oct 47, Army Service Forces Training Centers (Medical).

CIR 108, GHQ, FEC, 20 Nov 1947, Safety Program.

PART II

TECHNICAL

SUBJECT

SECTION

A Case of Spontaneous Idiopathic Torsion of an Appendix Epiploicum of the Cecum. Discussion	X
Urethritis.	XI
Suggestions for the Management of Gonorrhea	XII
Treatment of Condylomata Acuminata, Abstract	XIII
Prevention of Corrosion in Dental Units.	XIV

- X. A Case of Spontaneous Idiopathic Torsion of an Appendix Epiploicum of the Cecum by Leonard J. Robison, Capt, MC, Chief of Surgery, 172nd Station Hospital, Sendai, Japan. Discussion by Warner F. Bowers, Lt. Col., MC, Surgical Consultant, Medical Section, GHQ, FEC.

On 12 September 1947, B.W.C., an 18 year old white soldier attached to a headquarters group reported to the 172nd Station Hospital from the dispensary, with a diagnosis of possible appendicitis.

His presenting complaint was pain in the lower right side of the abdomen. Beginning at 1000 hours, 12 September, the patient noted pain beginning in the lower abdominal quadrant which localized immediately at a point corresponding to McBurney's point. The pain was of moderate severity and unaccompanied by other symptoms.

The physical findings were point tenderness localized at McBurney's point without rebound tenderness. Rovsing's sign was positive, the psoas sign negative. Except for a mild diffuse tonsillitis, the physical examination was negative. The white blood count showed 11,200 total count with 62% polymorphonuclears and 32% mononuclears.

At 1600 hours, with the tentative diagnosis of appendicitis, acute, suppurative, non-gangrenous, the abdomen was entered through a transverse skin incision with grid-iron incision of the abdominal musculature. A normal appendix was removed by the usual method. The distal thirty inches of the ileum was examined but no pathology was found. On the lateral anti-mesenteric border of the cecum approximately four inches above the ileocecal junction, three masses were located. The two lateral masses were adherent to the central mass. All masses were edematous and friable and the central mass presented a line of demarcation at the mid part of the length with the portion distal to the line showing bluish discoloration and circular arrangement of the visible fibers. After separation of the two lateral masses from the central, the discolored portion of the central mass was removed and the peritoneum closed over the stump.

The post-operative course was uneventful with complete recovery and little discomfort on early ambulation. The patient was discharged to duty after 21 days of hospitalization fully recovered.

DISCUSSION

Primary disease of the appendices epiploica of the large bowel is a very rare condition, practically never diagnosed preoperatively. I personally have seen only 2 cases since 1932. Since these appendices are solid organs containing relatively large blood vessels, possibilities for pathological change are limited almost entirely to infarction, usually as a result of torsion.

1. Diagnosis and Differential Considerations: Inasmuch as appendices epiploica in locations from the cecum to lower sigmoid may be involved, and because the clinical picture is one of mild to moderate intraperitoneal inflammation with low grade fever, pulse elevation, leucocytosis, abdominal pain constant in type, tenderness, rebound tenderness and slight rigidity, almost any inflammatory condition to which the colon is heir, may be suspected. Diagnostic possibilities include appendicitis, diverticulitis, carcinoma, carcinoid, and regional enteritis. The most important point, then, is not necessarily to arrive at an absolute diagnosis but to recognize that an abdominal emergency exists. The important decision is whether or not operation is required.

2. Treatment: Treatment of a thrombosed epiploic appendix is by simple ligation and excision but this may be followed by alarming and serious consequences unless the anatomy of this area is clearly understood. The epiploic appendix is a fat tag and when the bowel is relatively empty, a rather large and important blood vessel loops into its base. When the bowel becomes distended this vessel stretches and then does not protrude into the base of the epiploic appendix. If the bowel is empty when the torsion takes place or when the epiploic appendix is ligated, this vessel may be damaged or destroyed and this may so compromise the blood supply to the bowel wall that a small area of gangrene may develop with perforation. This fact is to be remembered also when performing a colostomy. Some surgeons suture the epiploic appendices to the peritoneum in order to prevent the exteriorized loop from retracting into the abdomen but this is not entirely safe and I have seen gangrene develop in the bowel wall from the injudicious placement of such sutures.

3. Course and End Result: There are three possibilities as to termination of the condition of epiploic appendical torsion. First, if the previously mentioned vessel is damaged by the pathological process or by the surgeon, an area of bowel wall may be sufficiently devitalized to allow gangrene and perforation with peritonitis and its potentialities. Second, the process may regress to fibrosis with the possibility of adhesions of adjacent viscera to the site of inflammatory reaction. The third possibility is very interesting. The epiploic appendix may actually slough off and become a free peritoneal body. Such free bodies then accumulate concentric layers of fibrin and become larger in size. They may calcify and then become visible in X-ray examination of the abdomen.

4. Previously Seen Cases: The two patients whom I have seen previously are very dissimilar and rather interesting. The first was an obese middle aged female with right lower quadrant pain in whom a diagnosis of acute appendicitis was made. On opening the peritoneal cavity, great difficulty was had in locating anything except great omentum. Finally it was determined that the transverse colon overlay the cecum in the right lower quadrant. On the surface of the transverse colon was a gangrenous mass which was taken to be a diverticulum and was excised with inversion of the ligated base because of fear of compromised bowel wall. Microscopic section failed to reveal any lumen or mucosa but a large vessel was seen in the center of the mass which was thus identified as a gangrenous epiploic appendix. The second patient was a soldier evacuated to America from Europe during the war with a diagnosis of carcinoma of the lower sigmoid, allegedly seen on sigmoidoscopy but not proven by biopsy. The original complaint had been severe left lower quadrant pain, with microscopic blood in the stool. When seen some 6 weeks later in America there were no symptoms and two sigmoidoscopy examinations revealed no tumor but a small scarred area was seen. Barium enema films were not abnormal but a flat plate showed a faint, concentrically laminated mass in the pelvis. This mass was pigeon-egg size. On abdominal exploration, no lesion of the colon could be found except the small scarred area. The mass proved to be a free peritoneal body covered by slightly calcified fibrin. Because of the previous diagnosis of carcinoma, a temporary colostomy was established and subsequent visual and barium examinations through both loops failed to reveal any disease. The colostomy was closed. Microscopic examination of the peritoneal body showed it to contain necrotic tissue elements and one large artery. This case is thus reconstructed to have been primarily a torsion of a sigmoid epiploic appendix with inflammatory changes in the bowel wall thought to be carcinoma on direct vision. Slough of the appendage was followed by healing of the bowel wall and fibrinization of the sloughed epiploic appendix.

XI. Urethritis by W. D. Tigertt, Lt. Col., MC, Commanding Officer,
406th Medical General Laboratory, APO 500, Tokyo, Japan.

1. The data contained herein has been derived during 1947 from studies of several types of patients. The earlier portion was carried out at the 49th General Hospital Annex, while that obtained at a more recent time has been obtained primarily at the 361st Station Hospital with the cooperation of the Preventive Medicine Section of the Eighth Army Surgeon's Office and two local dispensaries. This work was initiated to evaluate certain aspects of the diagnosis and treatment of gonorrhea and to ascertain the possible role played by various organisms other than the gonococcus in the production of urethritis in the male. This latter aspect will be more fully reported at a later date.

2. This report will deal primarily with gonococcal urethritis and, because the impression has been gained that certain aspects of the disease are not appreciated by the average medical officer, will include data not usually considered to be of significance to the laboratory.

3. In a group of 55 cases of gonococcal urethritis particular attention was directed toward a study of miscellaneous factors contributing to the occurrence of the disease. These include:

a. Alcohol. Eleven individuals (20%) admitted to various stages of inebriation at the time of the incriminating intercourse. All of these men claimed to have used a condom and six claimed to have received some type of prophylaxis.

b. Prophylaxis. The efficacy of this method of disease prevention can only be estimated. Forty-eight (87%) claimed the use of condoms. Five gave a history of ruptured condoms, always near the top. Seven admitted contaminating their fingers

either directly from the vagina or in the act of removing the condom. There is little evidence that the patients understood the possible transmissibility of gonorrhea by methods other than actual cohabitation.

c. Genital Trauma. Sixteen (28%) habitually stripped the urethra from one to four times preceding and following each urination. Some believe this a necessary measure to ascertain that they do not have gonorrhea, and the majority dated the origin of this practice to venereal disease lectures. It is of interest to point out that in a previous study of so-called "recurrent" gonorrhea that this practice was extremely common among the patients admitted with this diagnosis.

d. Length of the Foreskin. Thirty-five of these patients (63%) had foreskins which extended beyond the glans. Many of these could not be completely retracted and commonly showed "venereal warts". Most of the chancroid cases of this series showed granulations of the mucosal surface of the foreskin.

e. Stenosis of the Urethral Meatus. Several of the cases initially admitted for gonorrhea and who proved on exhaustive laboratory examination not to have gonorrhea exhibited very small meatal orifices. These individuals complained of a small amount of discharge occurring each morning and frequently gave a history of irritation during hot weather when the urine was highly concentrated. Anterior meatomy, an ambulatory surgical procedure, is recommended for these cases.

4. The symptoms presented by patients with gonococcal urethritis are sufficiently well known and require little elaboration. The complaints of "burning" and "smarting" were present in 50% of the patients examined. There was no correlation between these complaints and the amount of urethral discharge.

5. The diagnosis of gonococcal urethritis is not a complicated procedure but requires moderate professional training and a definite sense of responsibility to the patient. The patient does not deserve the stigma and penalty attached to a diagnosis of venereal disease if such a diagnosis has been made in a slipshod manner. The casual reporting and treatment of all cases of urethritis as gonococcal is unjustified.

a. Accuracy of Diagnosis. To obtain a portion of the data desired, arrangements were made for two dispensaries to admit directly to the 361st Station Hospital all cases diagnosed by them as "new gonorrhea" without treatment and to admit only those cases diagnosed as "new gonorrhea". During the course of the study 97 patients were admitted from these two dispensaries, and were subjected to extensive study by members of the 406th Medical General Laboratory. All cases were examined, histories obtained and material for morphologic diagnosis and culture obtained by one medical officer. Of the 97 patients admitted:

(1) Sixty-nine (71%) showed gonorrhea by smear and/or culture.

(a) 2 patients also had chancroid.

(b) 1 patient also had orchitis.

(c) 1 patient also had a paraurethral abscess.

(d) 2 patients had histories necessitating a reclassification as "old gonorrhea".

(2) Twenty-eight individuals (29%) could not be demonstrated to have gonorrhea despite extensive examination, but belonged to the following categories:

(a) 7 (7%) had chancroid.

(b) 2 (2%) had cystitis with terminal hematuria. (One of these cases was later demonstrated to have pyelitis).

- (c) 12 (12%) were classified as having nonspecific urethritis.
- (d) 7 (7%) had no clinical evidence of disease and were discharged without treatment. These last cases were followed for seven days with daily smears and were twice cultured. The possibility of illicit treatment between the time of diagnosis by the admitting dispensary and admission to the hospital was considered. This was denied by the patients and also seems unlikely by virtue of the short period elapsing between diagnosis and hospital admission in comparison to the period of time required for a discharge to cease following therapy with sulfonamides. On succeeding patients a qualitative test for sulfonamides was done on the urine with negative results throughout.

b. There is a 29% error in diagnosis over the entire group and ample evidence exists to demonstrate that inaccurate diagnosis has been present for some time. Of 127 cases seen at ten local dispensaries in February and March with diagnoses of either "new" or "recurrent" gonorrhea confirmation was made by this laboratory in only 13%. The remainder showed a variety of other organisms, many of which are commonly considered nonpathogenic. That the small peripheral unit is at fault is readily said by the hospital diagnostician, yet in 1946 there were 216 cases of "resistant gonorrhea" evacuated to the zone of the interior from general hospitals of the European and Pacific theatre of operation who, upon exhaustive study, had only a 9% rate of confirmation. (Carpenter, et al).

c. Of the previously mentioned group of 55 patients with gonorrhea there were three complications - an acute bilateral epididymitis with a known discharge for nine days, a paraurethral abscess with a known discharge for twelve days, and a paraurethral sinusitis with balanitis with known discharge for five days. These cases are quoted to demonstrate that individual soldiers have not been sufficiently impressed with the possible dangers of the disease. It is only by understanding the personal danger involved that cases will be voluntarily reported at the first symptom.

6. Each patient included in this series of fifty-five received 300,000 units of penicillin in peanut oil intramuscularly and was restricted to bed with bathroom privileges for twenty-four hours. In each instance N. gonorrhea disappeared from the urethra promptly. Two patients continued to exhibit discharges longer than twenty-four hours after initiation of therapy.

a. In one case the discharge cleared by the fourteenth day after treatment except for a small amount of clear watery fluid. This was unaccompanied by other symptoms.

b. The second case exhibited a similar sequence of events except that slight burning was still present at the time of dismissal twelve days after treatment was initiated.

7. In previous studies of so-called "recurrent" or "persistent" discharges following penicillin therapy for gonorrhea numerous organisms were isolated from these cases. Those most commonly seen were Staphylococci, (90%), diphtheroids (60%) and Streptococci (25%). In order to assess the possible relationship of these organisms to a continuing discharge it was considered necessary to establish their presence or absence in cases of known active gonorrhea. This has been done in fifty-five cases and the incidence of these organisms is essentially similar regardless of the presence or absence of N. gonorrhea. Treatment with penicillin resulted in the disappearance of N. gonorrhea but did not materially alter concomitantly occurring organisms.

8. This study showed no evidence that cultural methods in acute cases of gonorrhea in the male resulted in better diagnosis than did properly prepared and

properly stained films of the urethral exudate. Films for examination were routinely made after the glans and foreskin had been gently cleaned with sterile gauze or cotton. In most instances the first drop of urethral secretion was discharged and the second drop inoculated on a tightly wound cotton swab. If the discharge was scanty the swab was inserted for about two centimeters into the urethral canal and gently pressed against the walls of the urethra. Films were prepared by rolling the tightly wound swab on a clean glass slide. Hucker's modification of Gram stain was used throughout.

9. On the basis of information contained herein the following recommendations are made:

a. That the medical officers responsible for the diagnosis and treatment of urethritis be given further instructions and that their responsibility to the patient, in or out of the Army, be emphasized.

b. That, in so far as possible, treatment be centralized in hospitals or area dispensaries.

c. That 300,000 units of penicillin in peanut oil be adopted as a routine for the therapy of gonococcal urethritis.

d. That cases of urethritis in which N. gonorrhea cannot be demonstrated by laboratory methods be classified as non-gonococcal in origin.

e. That genital trauma, usually resulting from psychic factors, be recognized as a definite cause of continued urethral discharge.

10. Acknowledgements. Much of the data contained in this study was obtained by Captain George C. Chambers, MC, assisted at various times by practically all of the members of the Bacteriology Section of this unit. A large portion of the study was made possible through the cooperation of Colonel J. U. Weaver, MC, Commanding Officer of the 361st Station Hospital.

XII. Suggestions for the Management of Gonorrhea by R. E. Blount, Colonel, MC, Medical Consultant, Medical Section, GHQ, FEC.

1. In the spring of 1947, a Commission headed by Dr. Charles M. Carpenter of the University of Rochester School of Medicine, Dr. Gerald M. Barbour, Consultant in Bacteriology to The Surgeon General and Lt. Col. Raymond P. Hughes of the Office of the Surgeon General, conducted a study of gonococcal and non-gonococcal urethritis among the troops of this command. Contrary to the current belief of many of the medical officers treating urethritis, the Commission could demonstrate no evidence either clinically or bacteriologically that penicillin resistant strains of the gonococcus were occurring. Examination of approximately 100 patients with alleged gonococcal infections, referred to general hospitals because of failure to be cured with 300,000 units of penicillin, showed that only 0.23 percent were still suffering from the disease. On the other hand, 50 percent of these cases showed evidence of a non-gonococcal urethritis. The remainder of the patients were asymptomatic. In practically every instance in which gonococcus could be detected, the patient admitted re-exposure.

2. In only two of twenty laboratories in this command were Gram stains of films for the diagnosis of gonococcal infections satisfactory. An almost universal defect of each stain was overdecolorization making it impossible to differentiate Gram negative from Gram positive bacteria. Obviously many false positive findings on smears alone resulted. Then when the gonococcus could not be recovered culturally in a high percentage of such cases, there was a natural tendency for the non-critical physician to lose faith in cultural methods. Colonel Tigertt¹ has shown that, using Hucker's

¹ See Article XI, this issue, subject "Urethritis" by W. D. Tigertt, Lt Col, MC

RESTRICTED

modification of the Gram stain, properly prepared and properly stained films of urethral exudate are reasonably reliable for the diagnosis of gonorrhea in the male.

3. In every case from which the gonococcus had been demonstrated culturally, the gonococcus promptly disappeared from the urethra when treated with 300,000 to 600,000 units of calcium penicillin in beeswax and peanut oil. A slight clear mucoid discharge tended to persist for several days to several weeks after therapy but invariably disappeared.

4. TB MED 196 is currently being revised. Pending its publication, the following suggestions concerning the treatment of gonorrhea are believed to be pertinent:

a. Female patients and those patients with complications are to be hospitalized.

b. Male patients with acute, uncomplicated gonorrhea should usually be treated on a duty status and carded for record only. A single 300,000 unit dose of crystalline penicillin G in oil and wax is to be given intra-muscularly. In this command the use of calcium penicillin in oil and wax is authorized pending the availability of crystalline penicillin G in oil and wax. Liquid preparations may become available in the command later.

c. (1) If no improvement occurs by the third day, a second injection of 300,000 units of P.O.B. should be given. If no improvement is noted, the patient should be hospitalized. In such cases, every effort should be made to isolate and identify the gonococcus by cultural and fermentation methods.

(2) It must be emphasized that after treatment for gonorrhea, the patient often continues to show a scanty mucoid urethral discharge for several weeks. There is no indication for additional therapy providing the gonococcus cannot be demonstrated by smear or culture.

(3) It appears that much of the urethritis occurring in this command is non-gonococcal. Until more is known of the etiology and epidemiology of this non-gonococcal or non-specific urethritis, it should be considered non-venereal from the standpoint of the sick and wounded records.

d. No difficulty should be experienced in administering penicillin in oil and wax provided the following points are observed:

(1) Penicillin vials should be warmed in hot water.

(2) Fifteen gauge, 1½ inch needles (item 3-491-305) should be used for withdrawing the penicillin from the vial.

(3) Eighteen gauge, 2 inch needles (item 3-492-400) should be used for the intra-muscular injection.

(4) The syringe and needle must be perfectly dry and warm.

(5) The eighteen gauge intra-muscular needle is best inserted in the gluteal muscles while detached. This may be done by grasping the hub of the needle with the fingers and plunging it into the prepared site. An alternate method is to insert the needle into the hip muscle while attached to an empty syringe. If an empty syringe is used, the plunger should be drawn out to make certain that the point of the needle has not entered a vein. The empty syringe should then be disconnected leaving the needle in situ. Then, without disturbing the position of the needle, the penicillin syringe can be attached and the injection completed.

5. Separate sterile syringes and needles must be used for each patient. Otherwise the danger of transmitting the virus of infectious hepatitis from one patient to the other is always present.

6. Follow-up studies for gonorrhea, and clinical and serological tests for syphilis invariably should be carried out as outlined in TB MED 196. Gonorrhea and syphilis occur concurrently in about 9 percent of patients. Medical officers must be constantly on the alert for the masking effect that penicillin has on early syphilis when given in doses used to treat gonorrhea.

XIII. Abstract. Sullivan M. and King, L. S., Effects of Podophyllum on Normal Skin, Condylomata Acuminata and Verrucae Vulgares. Arch. Derm. and Syph 56:30 1947.

During the war years, Sullivan and King conducted a study on the effect of resin of podophyllum on Condylomata acuminata at the William Beaumont General Hospital, El Paso, Texas. For many years, according to Kittredge,¹ the urologists in New Orleans have treated genital verrucae with topical applications of resin of podophyllum. This treatment was not generally known until 1942 when Kaplan² reported that Condyloma Acuminata rapidly and permanently underwent involution after one or two treatments with a 25 percent suspension of resin of podophyllum in liquid petrolatum. Kaplan assumed that the irritating power of the drug produces spasm of the small vessels which in turn produces ischemia, necrosis, and sloughing. Sullivan and King demonstrated that the resin of podophyllum causes specific and non-specific degenerative changes in the cells of venereal warts. It appears to exert a profound action on cell metabolism and its main effect appears to be cytotoxic directly for the epithelial cells. They found that a solution of 20 percent of resin of podophyllum in 95 percent alcohol produced much less irritation to the surrounding normal mucosa than did preparations in liquid petrolatum. The applications are painless, or nearly painless. By using a small cotton tipped applicator, one is able to confine the solution to the condyloma. The warts usually disappear after two or three such applications. Podophyllum causes some irritation when applied to normal skin. It is only slightly effective in the treatment of verrucae vulgaris. Resin of podophyllum is listed in the new Army and Navy Supply Catalog as a standard item.

R. E. Blount

¹ Kittredge quoted by Sullivan.

² Kaplan I. W. Condyloma Acuminata, New Orleans. M. and S. J. 94:338, 1942.

XIV. Corrosion in Dental Units by Thomas C. Daniels, Colonel, D. C., Dental Consultant, Medical Section, GHQ, FEC.

Reports have been received in the Medical Section from various units in the Far East Command that parts of dental units were corroding due to collection of

moisture. Installation of a 40 watt lamp inside the casing of dental unit is a simple and effective method of preventing such corrosion.

The adjacent sketch presents a diagram of the correct assembly.

Note:

Make certain that wires do not interfere with movement of counter-weight pulleys.

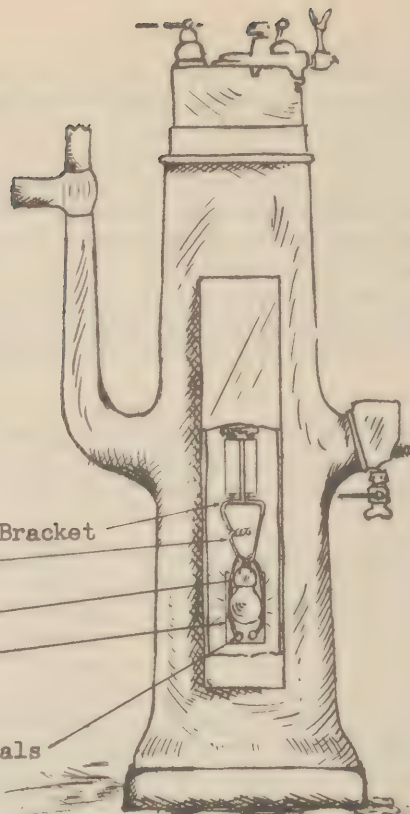
Pass Supporting Wire over Lower Resistor Bracket

Supporting Wire

Weatherproof Lamp Socket

Terminal Block

Connect Lamp Socket Leads to these terminals
(Shut off current to Unit before making connection.)



PART III STATISTICAL

Evacuation:

1. During the period 1 November to 28 November 1947, the following patients were evacuated from the several major commands:

	<u>AIR</u>	<u>WATER</u>	<u>TOTAL</u>
JAPAN	227	10	237
*KOREA	96	0	96
MARBO	67	2	69
PHILRYCOM	27	46	73

2. Evacuations per thousand strength for period 1 November to 28 November 1947:

Patients awaiting evacuation as of 28 November 1947:

JAPAN	2.3	207
KOREA	2.5*	10
MARBO	3.9	6
PHILRYCOM	1.5	11
THEATER	2.3	

*Patients evacuated by air to Japan from Korea for onward evacuation.

RESTRICTED

Hospitalization:

1. The Bed Status Report as of 28 November 1947 was as follows:

	<u>Total T/O Beds Present</u>	<u>Total T/O Beds Establ.</u>	<u>Total T/O Beds Occupd.</u>	<u>% T/O Beds Occupied</u>	<u>% Operating Beds Occupd.</u>
JAPAN	4,450	4,450	2,024	45	45
KOREA	2,050	1,462	652	32	45
MARBO	575	575	235	41	41
PHILRYCOM	<u>2,350</u>	<u>1,969</u>	<u>1,296</u>	55	66
THEATER	9,425	8,456	4,207	45	50

2. Tables showing various admission rates per 1,000 per annum:

<u>Week ending</u>	<u>THEATER</u>	<u>JAPAN</u>	<u>KOREA</u>	<u>MARBO</u>	<u>PHILRYCOM</u>
<u>All Causes</u>					
7 November 1947	599	640	676	332	545
14 November 1947	545	578	635	475	429
21 November 1947	569	632	678	382	418
28 November 1947	528	603	550	405	400
<u>Disease</u>					
7 November 1947	538	587	603	289	469
14 November 1947	495	532	570	387	394
21 November 1947	515	575	626	309	372
28 November 1947	471	548	489	325	350
<u>Injury</u>					
7 November 1947	61	53	72	43	76
14 November 1947	50	46	65	88	35
21 November 1947	55	57	51	73	46
28 November 1947	57	55	61	80	49
<u>Psychiatric</u>					
7 November 1947	13	13	12	21	10
14 November 1947	11	8	16	29	8.6
21 November 1947	15	14	16	38	8.6
28 November 1947	15	11	21	33	12
<u>Rheumatic Fever</u>					
7 November 1947	.5	0	1	0	1
14 November 1947	.2	.5	0	0	0
21 November 1947	.8	.5	4	0	0
28 November 1947	.8	1	1	0	0
<u>Common Respiratory Disease</u>					
7 November 1947	86	98	102	30	66
14 November 1947	83	96	103	47	50
21 November 1947	96	116	137	38	43
28 November 1947	87	103	127	24	46
<u>Influenza</u>					
7 November 1947	2.5	4	1	3	0
14 November 1947	2.5	4	1	0	1
21 November 1947	2	3	3	0	0
28 November 1947	2.8	5	3	0	0
<u>Primary Atypical Pneumonia</u>					
7 November 1947	8.2	9	14	6	3
14 November 1947	4.5	2	15	0	3
21 November 1947	5.8	8	1	6	4
28 November 1947	5	5	7	9	2
<u>Common Diarrhea</u>					
7 November 1947	3.7	2	14	0	1
14 November 1947	6.7	3	22	0	5
21 November 1947	5.8	2	13	0	9.6
28 November 1947	3.5	1	8	0	6.4

RESTRICTED

<u>Week ending</u>	<u>THEATER</u>	<u>JAPAN</u>	<u>KOREA</u>	<u>MARBO</u>	<u>PHILRYCOM</u>
<u>Bacillary Dysentery</u>					
7 November 1947	.2	0	0	0	1
14 November 1947	.2	.5	0	0	0
21 November 1947	.8	0	.3	0	1
28 November 1947	0	0	0	0	0
<u>Amebic Dysentery</u>					
7 November 1947	1.2	0	0	0	5
14 November 1947	.2	0	0	0	1
21 November 1947	1.3	0	0	0	5.3
28 November 1947	.8	0	0	0	3.2
<u>Malaria</u>					
7 November 1947	13	2.4	2.7	15	45
14 November 1947	7	0	4	23	18
21 November 1947	7	1.5	0	15	21
28 November 1947	7	1.5	1	12	19
<u>Infectious Hepatitis</u>					
7 November 1947	3.5	2	8.2	3	3
14 November 1947	1.2	2	0	0	1
21 November 1947	2	1	4	0	3
28 November 1947	4	3	11	0	2
<u>Mycotic Dermatoses</u>					
7 November 1947	5.2	8	4	3	1
14 November 1947	5	9	0	0	2
21 November 1947	5.8	6	9	0	1
28 November 1947	3.3	5	4	0	0
<u>Venereal Disease</u>					
7 November 1947	87	110	68	12	76
14 November 1947	91	106	81	18	91
21 November 1947	94	125	71	20	74
28 November 1947	74	99	75	18	40

I N D E X

PAGE

A Case of Spontaneous Idiopathic Torsion of an Appendix Epiploicum of the Cecum. Discussion.	10
Appointment of Commissioned Officers in Medical and Dental Corps, Regular Army . .	2
Army Medical Department Graduate Professional Educational Program.	2
Change 1, TB MED 84, Treatment Program for Psychiatric Patients in Station and General Hospitals.	4
Excess Medical Journals and Texts.	1
Initial Distribution of Medical Film PFM 5069.	4
Medical Professional Journals.	4
Organization of the Medical Section.	1
Prevention of Corrosion in Dental Units.	17
Recent Department of the Army and FEC Publications	9
Residency Training for Medical Corps Officers.	1
Statistical Section.	18
Suggestions for the Management of Gonorrhea.	15
Treatment of Condylomata Acuminata, Abstract	17
Urethritis	12

RESTRICTED

Articles for Publication in Circular

It is desired that the Monthly Circular Letter published by the Medical Section, GHQ, FEC be of maximum value to all of the Medical Department personnel in the field. To that end, articles of professional or administrative nature that might be of general interest are needed. All Medical Department officers, as well as the Commanding Officers of Medical Department units, and the Surgeons of the major commands are solicited for articles of administrative or technical value. Such articles should be forwarded so as to reach the Medical Section, FEC not later than the 20th of the month preceding the publication of the circular in which it is to appear.

RESTRICTED

